

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021865

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 88

## 1. PLACE OF DEATH

a. COUNTY Barryb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN MonettLength of stay in lb  
few hoursc. FULL NAME OF IF NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Vincent's HospitalInside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)

a. STATE Mo.b. COUNTY Barry

Inside Limits

Yes ☐ No ☒c. CITY  
OR TOWN Monettd. STREET ADDRESS (If outside, give location)  
Route 1

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)First Mary Middle Ann Last Terry4. DATE  
OF DEATHMonth June Day 15 Year 1962

## 5. SEX

Female

## 6. COLOR OF RACE

white7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7/23/79

## 9. AGE (If birthday)

82

## IF UNDER 1 YEAR IF UNDER 24 HR

Months 2 Days 9 Hours 2 Min. 0

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

Housework

## 11. BIRTHPLACE (City and state or country)

Barry County, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

J. L. Pennell

## 13b. MOTHER'S MAIDEN NAME

Melvinia Furrow

## 14. NAME OF HUSBAND

Granville Terry

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 17. INFORMANT

Granville Terry, Monett Mo.

## Address

Monett Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Acute myocardial infarction

## INTERVAL BETWEEN ONSET AND DEATH

2 1/2 hrs

## Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Arteriosclerosis, heart disease

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour 11:30 a.m. 11:30 p.m.20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

## 20f. CITY, TOWN, OR LOCATION

Monett Mo.

## COUNTY

Barry

## STATE

Mo.

## 21. I attended the deceased from

June 1, 1959 to June 15, '62 and last saw her alive on June 15, '62

## Death occurred at

June 15, '62 on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE (Degree or title)

Robert R. Dwyer M.D.

## 22b. ADDRESS

Monett Mo.

## 22c. DATE SIGNED

6-18-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

6/18/62

## 23c. NAME OF CEMETERY OR CREMATORY

Arnhart Cemetery East of Purdy, Mo.

## 23d. LOCATION (City, town, or county)

Monett Mo.

## (State)

Mo.

## 24. FUNERAL DIRECTOR

Bennett-Wormington, Monett Mo.

## 25. DATE RECD. BY LOCAL REG.

6/18/62

## 26. REGISTRAR'S SIGNATURE

Mrs P. N. Cook

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

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VS 300

Rev. 4/59

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Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*J. Gordon Bennett*

Licensed Embalmer No. 4213

P. O. Address Monett, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.